


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 DEC 31 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT #S77581			
1. Corporation Name Sunset Equity Partners, Inc.			
2. Principal Office Address 298 Lake Markham Rd. Suite, Apt. #, etc.		3. Mailing Office Address SAME Suite, Apt. #, etc.	
City & State Sanford, FL 32771		City & State SAME	
Zip 32771	Country USA	Zip SAME	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 09/04/1991	
5. FEI Number 593081823	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Michael R. Fouts	
Street Address (P.O. Box Number is Not Acceptable) 298 Lake Markham Rd.	
Suite, Apt. #, Etc. Sanford	
City Sanford,	State FL
Zip Code 32771	

300025891713
12/31/03--01040--025 **158.75

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Michael R. Fouts

REGISTERED AGENT MUST SIGN

Date

Dec. 19 2003

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Direc	Dover R Fouts	107 Academy Street	Burnsville, NC 28714
Direc	Michael R. Fouts	298 Lake Markham Rd.	Sanford, FL 32771

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Michael R. Fouts Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

19/December 407-497
Date 2003 Daytime Phone # 9112

CR2001 (10/02)

December 20, 2003

*Florida Department of State
409 East Gains Street
Tallahassee, Florida 32314*

To whom it may concern:

*Please be advised that we did not receive the Corporate annual report /
reinstatement form at our physical or mailing address.*

*After I spoke with your office we were instructed to write a letter and inform you of
this. In addition we were asked to send in a normal renewal fee.*

*I have enclosed check # 0916 in the amount of \$ 158.75 to cover the renewal and
the certificate of status.*

Thank you for your attention to this matter.

Sincerely,


Michael Fouts
President

Cc: File